



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E473986**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-02625
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	10	23	2015	0727	31			N S	E W	IN OF	0884

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR 92	BLOCK NO. <input checked="" type="checkbox"/>	12100
	MILE POST	

DISTANCE	OF (REFERENCE OR CROSS STREET)
	GRADE RD

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252208012
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LAST NAME	ARMSTRONG	FIRST NAME	ZACHARY	MIDDLE INITIAL	A
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STREET NEW ADDRESS	1122 131ST AVE NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982589285
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	ARMSTZA091DE	STATE	WA	SEX	M	D.O.B. MMDDYYYY	03	05	1991
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	1	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	C18649C	STATE	WA	VIN#	JT4RN01P0M0018346
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1991	MAKE	TOYT	MODEL	4X4PU	STYLE	PK	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. ZACHARY ARMSTRONG 1122 131ST AVE NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	NATIONAL GENERAL 200302669
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253279379
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LAST NAME	BRICKMAN	FIRST NAME	AUSTINE	MIDDLE INITIAL	J
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STREET NEW ADDRESS	31610 76TH AVE NW
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CITY	STANWOOD	ST	WA	ZIP	982929731
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CDL	RESTRICTIONS	J	ENDORSEMENTS
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DRIVER'S LICENSE #	BRICKAJ079N6	STATE	WA	SEX	M	D.O.B. MMDDYYYY	08	26	1993
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	1	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B29488N	STATE	WA	VIN#	JT4RN64D9H082687
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1987	MAKE	TOYO	MODEL	PU	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. KATHERINE BRICKMAN 31610 76TH AVE NW STANWOOD WA 98292

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 75869737-7
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	R. BROOKS	BADGE OR ID #	0013	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E473986**

CASE # **15-02625**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Unit 1 was pulling out from the stop sign in front of Unit 2 from Grade Rd. into the intersection Northbound. Unit 2 was Eastbound on SR 92 and was unable to stop in time and tried to evade the collision by steering right. Unit 1 started to back up and Unit 2 struck Unit 1 in the drivers side door area. No injuries reported on scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. BROOKS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

10-23-15 08:28 AM

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

10/23/2015 9:02:59 AM

BADGE OR ID #

0013

ORI #

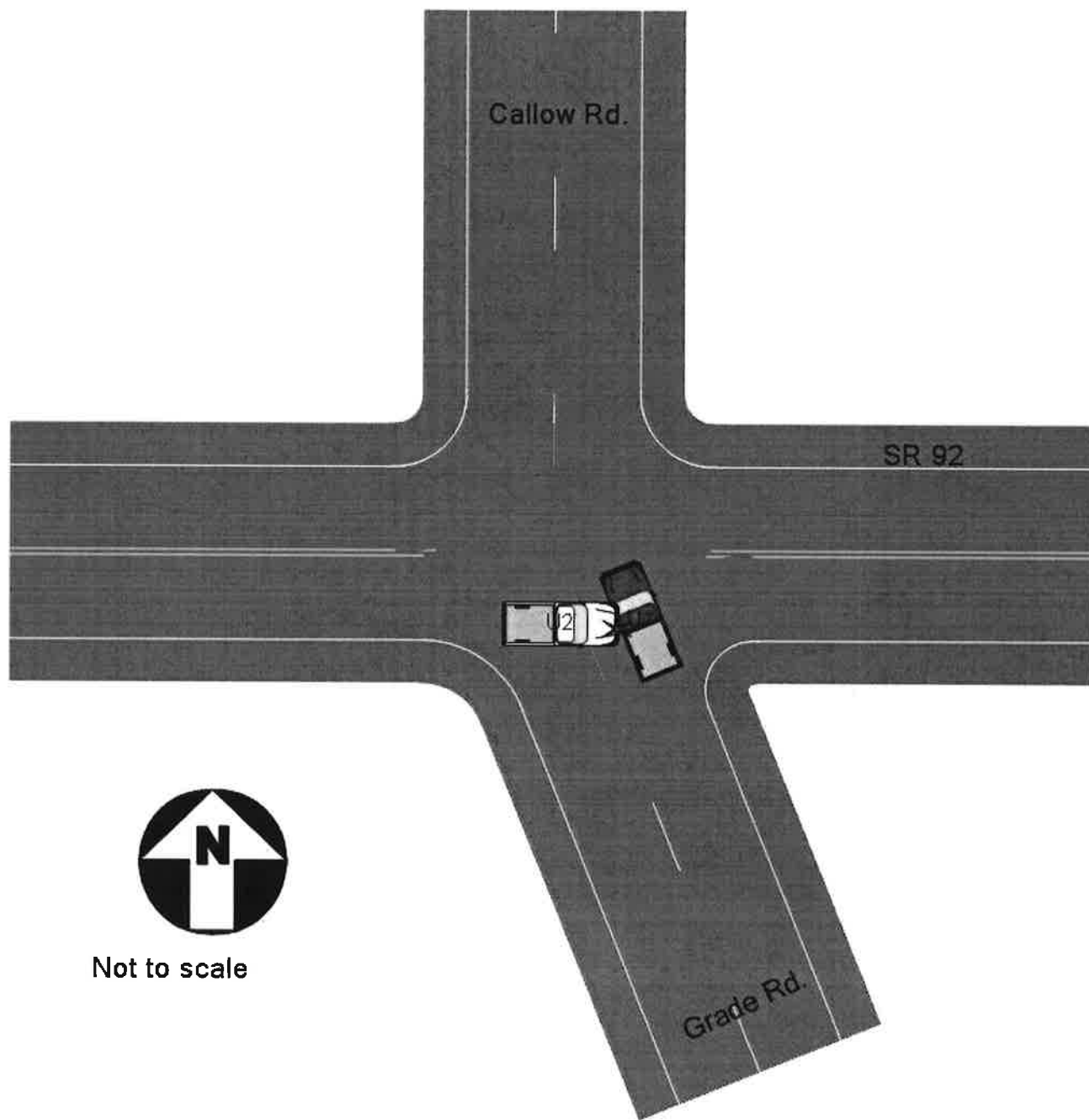
WA0311900

TIME POLICE DISPATCHED

7:27 AM

TIME POLICE ARRIVED

7:28 AM



VICTIM/WITNESS STATEMENT

15-02625

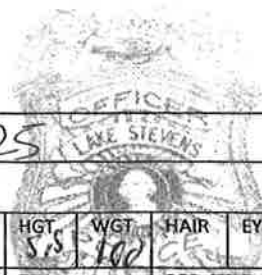
[illegible]

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE **OF**

VICTIM/WITNESS STATEMENT

15-07625



NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Brickman Austin Jacob	RACE	ETH	SEX M	DOB 8/26/93	AGE 22	HGT. 5'5"	WGT. 160	HAIR Brown	EYES Blue
STREET ADDRESS 1801s Chapin Rd		CITY Arlington			STATE WA	ZIP 98223	RES. STATUS			
HOME PHONE		CELL PHONE 425-327-9374			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED _____

LOCATION SIGNED

OFFICER/NUMBER:

DATE SIGNED _____

LOCATION SIGNED

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PAGE OF

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>AUKERMAN #72</i>		Case Number <i>15-02625</i>	
Type of Crime: Felony / Misdemeanor (Circle) 		Type of Case: <i>COLLISION</i>		Date/Time: <i>10/23/15 0825</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkg will be held for 60 days or 60 days past owner notification			

Case # 15-02625

Item # Action #	1	Item <i>CD-12</i> Brand Name <i>VERBATIM</i> Brand/Model/Caliber (Further Description)	Storage Location	Disposition		
	3	Serial #			Where Found <i>SE 92 / GEORGE LKS</i>	Weight of Narcotic
		Owner's Name Address City State Zip Phone # Owner Signature/Other remarks /additional information/ special instructions <i>MCS</i> <i>72</i>				
Item # Action #		Item Brand Name Brand/Model/Caliber (Further Description)	Storage Location	Disposition		
		Serial #			Where Found	Weight of Narcotic
	Owner's Name Address City State Zip Phone # Owner Signature/Other remarks /additional information/ special instructions					
Item # Action #		Item Brand Name Brand/Model/Caliber (Further Description)	Storage Location	Disposition		
		Serial #			Where Found	Weight of Narcotic
	Owner's Name Address City State Zip Phone # Owner Signature/Other remarks /additional information/ special instructions					
Item # Action #		Item Brand Name Brand/Model/Caliber (Further Description)	Storage Location	Disposition		
		Serial #			Where Found	Weight of Narcotic
	Owner's Name Address City State Zip Phone # Owner Signature/Other remarks /additional information/ special instructions					

Evidence Control Use Only:				
Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

010000 10/20/10 00:00:00

Loc: GRADE RD/SR 92 , LKS (V)

Phone: 4257546743

[illegible]